




Democratic Republic of the Congo

Humanitarian Situation Report No. 01





unicef 

for every child

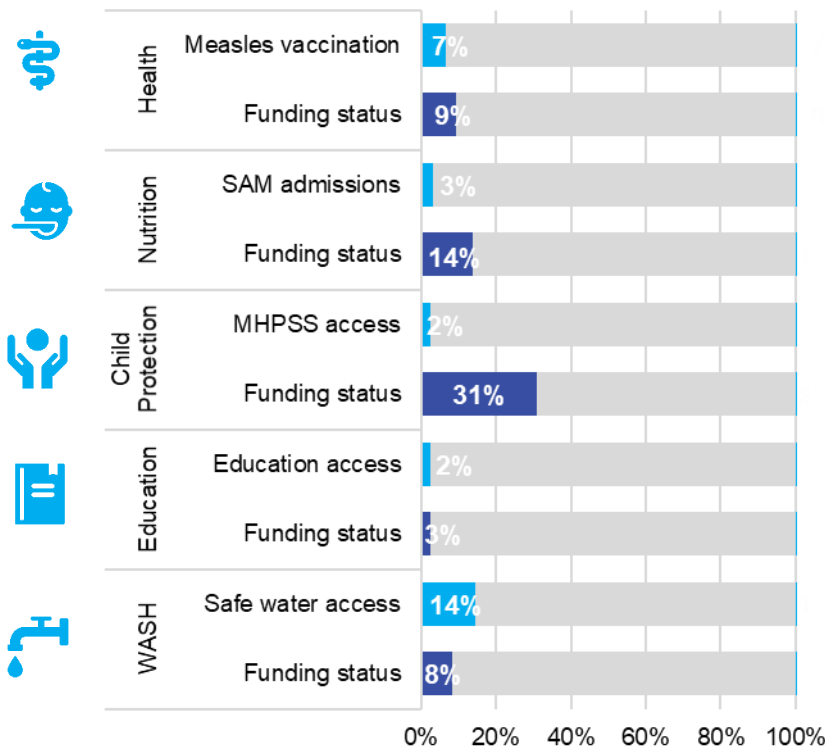
Highlights

- In Tanganyika and South Kivu provinces there was a 14,586 increase in suspected measles cases, 257 deaths were recorded.
- More than 150,000 additional displaced people have been registered as a result of violence in Ituri, North Kivu, South Kivu, and Tanganyika.
- In Tanganyika, North Kivu, and Ituri provinces, UNICEF and partners as part of its emergency response distributed non-food items (NFI), water, sanitation, and hygiene (WASH) packages to 8,324 households (50,510 people).
- In the first two months of 2022 alone, 55 children were reported to have been murdered or injured as a result of conflict related violence.

Situation in Numbers

-  **15,800,000**
children in need of humanitarian assistance (OCHA, Revised HRP 2022*)
-  **27,000,000**
people in need (OCHA, Revised HRP 2022)
-  **5,700,000**
IDPs (Revised HRP 2022)
-  **3,518**
cases of cholera reported since January (Ministry of Health)

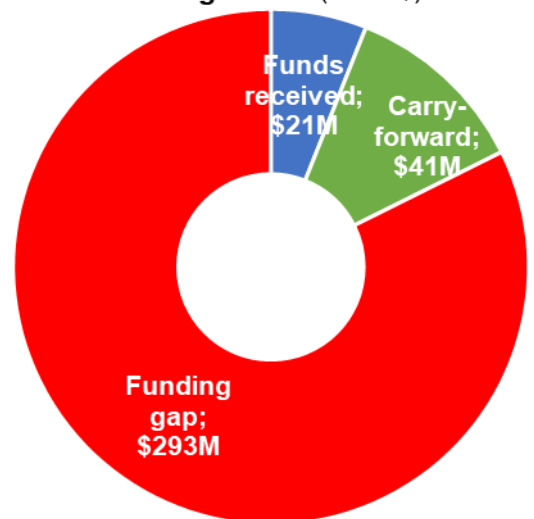
UNICEF's Response and Funding Status



UNICEF Appeal 2022

US\$ 356.4 million

Funding Status (in US\$)



Funding Overview and Partnerships

UNICEF appeals for US\$ 356 to sustain the provision of humanitarian services for women and children in the Democratic Republic of the Congo (DRC). UNICEF expresses its sincere gratitude to all public and private donors for the contributions received to date. However, the 2022 HAC has a funding gap of 82 per cent, with significant funding needs in nutrition, health, WASH, education, and communication for development.

Situation Overview & Humanitarian Need

Population Displacement & Acute Emergencies:

Despite the establishment of the state of siege in the North Kivu and Ituri provinces, followed by the joint Armed Forces of the Democratic Republic of Congo (FARDC) and Uganda Peoples Defence Forces (UPDF) military operations, the humanitarian situation remained worrying. Both provinces were experiencing a recurrence of armed clashes and an increase in the number of civilians killed or kidnapped, leading to massive population displacements mainly in the Beni and Lubero territories, as well as in southern Ituri province. The newly displaced persons, especially in hard-to-reach areas, continued to face difficulties in accessing basic social services. Access to Humanitarian assistance was increasingly restricted due to insecurity, which led to recurrent suspensions of activities by humanitarian actors and limited the possibility of reaching the populations. In the North Kivu province, the insecurity remained in Masisi territory and the situation worsened in Rutshuru territory due to fighting between rival armed groups on the one hand, and clashes with the FARDC on the other. In Ituri, nearly 120,000 people (including 25,560 women and 69,600 children) were newly displaced in January and February, as a result of the repeated attacks by armed groups in the territories of Djugu and Mahagi. Furthermore, these attacks targeted sites for internally displaced persons (IDP) as well as basic social infrastructures such as schools and healthcare centers. In the South Kivu province, the inter-community conflicts which particularly affected the Hauts Plateaux of Fizi, Uvira and Mwenga continued to generate population movements towards the Moyens Plateaux (30,000 people displaced in the health zones (HZ) of Lemera and around Uvira city), as well as in Bibokoboko area and in Kimbi Lulenge HZ, where 45,000 people (including 9,585 women and 26,100 children) were still in need of assistance. In the Tanganyika province, clashes between the FARDC groups destabilised the territories bordering the provinces of Maniema and South Kivu (Kalémie, Nyunzu and Kongolo) and caused numerous population movements.

Epidemics:

The Democratic Republic of Congo (DRC) faced numerous epidemics, the most important of which were measles, cholera, poliomyelitis and COVID-19. Since January, the country reported 14,586 suspected cases of measles, including 257 deaths (1.76 per cent case-fatality rate), 2,682 cases of cholera, including 19 deaths (0.71 per cent case-fatality rate) and 6,457 cases of COVID-19 including 30 deaths (0.46 per cent case-fatality rate). In addition, from January to February, seven new cases of vaccine derived polio virus type two Polio were reported in Maniema province.

The cholera pandemic in the DRC was characterised by substantial disease transmission from 1 January to 28 February 2022. Indeed, at the national level, 3,518 suspected cases were notified as well as 52 deaths according to national program for the elimination of cholera and the control of other diarrheal diseases (PNECHOL-MD data). The provinces with the most reported cases were: South Kivu (1,407 suspected cases and 1 death), Haut Lomami (933 suspected cases and 31 deaths), Tanganyika (664 suspected cases and 13 deaths), and North Kivu (425 suspected cases and 4 deaths). These four provinces alone account for 97 per cent of all reported cases in the country.

Protection:

The protection situation for children, girls and women in DRC continued to be concerning in early 2022. In North Kivu, Ituri, South Kivu and Tanganyika, children continued to be victims of recruitment, killing, maiming and sexual violence. In Ituri in particular, children continued to be a target in the conflict. A total of 55 children were also reported to have been killed or maimed in the first months of 2022 alone, an average of almost two children a day. Schools and hospitals continued to be the targets of attacks. Children and women living in Irumu and Mambassa (Ituri) and in Beni (North Kivu) are particularly at risk of abduction and recruitment due to armed groups activity in these areas. The territory of Rutshuru North Kivu remains a situation of concern due to the resurgence of one of the armed groups.

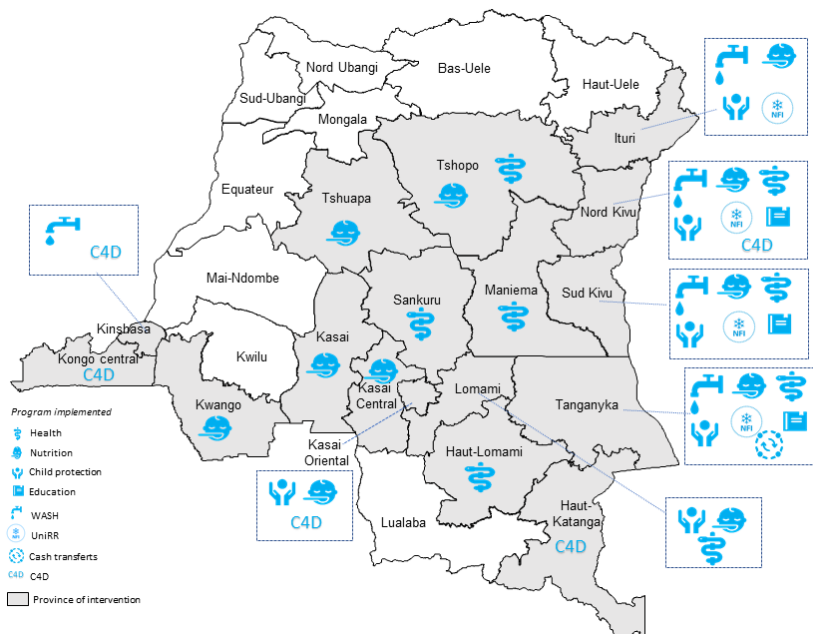
Nutrition:

According to the results of the January nutrition surveillance and early warning system (SNSAP) monthly report card, supported by UNICEF/USAID Food for Peace, 91 alerts were issued by 91 health zones. This shows a 34 per cent increase in alerts compared to the same period in 2021. These numbers represent 18 per cent of the health zones on

alert nationwide in January 2022. The provinces of Equateur (18 per cent), Kwango (12 per cent), Kasai (10 per cent) and Sankuru (9 per cent) had the highest number of alerts. Factors influencing the nutrition situation are being analysed by PRONANUT and will be reported in the March Quarterly Bulletin.

Summary Analysis of Programmatic Response

UNICEF program implementation by province



Nutrition

In January, 16,622 children affected by severe acute malnutrition (SAM) (47 per cent girls) were treated, UNICEF and its partners supported hospitals and nutritional health centers in the provinces of North Kivu, Ituri, South Kivu, Kasai, Kasai Central, Kasai Oriental, Lomami, Tshuapa, Kwango and Tanganyika.

UNICEF continued to support the government and its partners in the treatment of SAM in 69 health zones, which represent 29 per cent of the prioritized health zones according to nutrition Cluster 2022 classification. Performance indicators for the treatment of SAM were in line with SPHERE standards: 88.4 per cent cure rate, 0.8 per cent death rate, 0.5 per cent dropout rate.

Counselling on infant and young child feeding (IYCF) in emergency situations and other key family care and practices (KFCP) were provided to 15,631 pregnant and lactating women and other caregivers of children from 0 to 23 months in 13 health zones of the provinces of North Kivu, Tshopo, Tanganyika affected by epidemics, floods, and food insecurity.

In eight health zones of Tshopo the province (Viadana, Aketi, Yahisuli, Yakusu, Opala, Lowa, Ubundu and Isang), affected by measles epidemics, 193,662 children aged 12-59 months were supplemented with vitamin A as an integrated public health response.

Capacity building of providers and community actors on integrated management of acute malnutrition was carried out in four health zones in favour of 98 healthcare providers, 178 community relays and support group members (74 women) in North Kivu and Tanganyika province.

Therefore, the nutrition Cluster held two ordinary meetings with an average of 50 nutrition partners attending each meeting. During these first meetings, discussions focused on improving access to quality nutrition interventions for children and women in the humanitarian context.

Challenges related to the implementation of the nutrition programme during this period were mainly due to the insecurity and poor road conditions in some health zones in the Tanganyika and North Kivu provinces.

Health

UNICEF contributed in COVID-19 immunization by supplying and distributing vaccines to 987 vaccination sites. As of week seven, a total of 5,354,000 doses of vaccine were distributed to the provinces. A total of 442,965 people (0.87 per cent) were fully vaccinated out of an expected target of 53,984,584.

Regarding the measles response, UNICEF provided 550,000 doses of measles vaccines to expanded vaccination programmes. For this period, 84,910 children aged 6-59 months were vaccinated upon 77,442 targeted children in the Nyiragongo health zone in North Kivu province. UNICEF provided three measles kits to the Manono health zone, which served 300 children aged 6 to 59 months.

UNICEF has supported a MoH in risk analysis in seven provinces and has defined a vaccination plan for 6,663,459 children. The response plan will be implemented, with UNICEF's support, in April and May 2022.

WASH

UNICEF aided 217,213 people (112,951 women), among those who benefitted from WASH assistance, 181,505 were impacted by the cholera outbreaks in the provinces of North Kivu, Tanganyika, and South Kivu. A total of 35,708 people assisted were affected by conflict and population movement in the Ituri and South Kivu province.

During the same period, 110 latrine doors built benefitted 11,700 individuals, including 6,084 women, a total of 24,967 people gained access to sustainable water through the construction of 14 water points and the rehabilitation of nine other water points. WASH interventions supported in total 18 healthcare facilities in the provinces of Ituri and Tanganyika, 10 received WASH kits and the eight others benefitted from the construction of new infrastructure, such as Mont Fort incinerators, placenta pits, ash pits, and garbage pits.

Education

During the reporting period, 8,965 children and adolescents aged 6 to 17 (4,925 girls) living in conflict and post-conflict areas, particularly in North Kivu, South Kivu and Tanganyika provinces, received assistance from UNICEF in maintaining the continuity of their education. For the specific case of Tanganyika, the main activities were the installation of 12 temporary learning spaces, which made it possible to solve the overcrowded classes problem on the Kalemie-Nyunzu axes. A total of 311 school dropouts from returned families (109 girls) were reintegrated into 43 schools on the Kabalo-Kongolo axes.

In North Kivu, 70 teachers (30 women) were trained on the psychosocial support module in seven schools that experienced first-hand the impact of the 2021 Mont Nyiragongo volcanic eruption and 500 children (209 girls) were accompanied in a school remedial program on the Oicha axes in Beni territory. A distribution of menstrual hygiene kits was also organized for 250 girls in classes of fifth and sixth school year in eight schools in Masisi territory in North Kivu. In the province of South Kivu, in the highlands of Uvira, 1,500 students (705 girls) affected by armed conflict were assisted with school supplies and educational kits for 1,500 students.

Child Protection

The protection situation for children, girls and women in DRC continued to be concerning in early 2022. In Ituri in particular, children continued to be a target in the conflict. Attacks on schools and hospitals have not decreased, in the first months of 2022 alone, 55 children were reported to have been murdered or injured.

Since January, 9,332 children (of which 50 per cent girls) received psychosocial support through individual and group activities in child friendly spaces organised by eight operational partners in six provinces North-Kivu, South Kivu, Ituri, Tanganyika, Kasai Oriental et Lomami.

More specifically, 186 children associated with armed groups and forces (31 girls) and 381 unaccompanied and separated children were identified, received temporary care and assistance, including reunification or family-based care.

Cross-Sectoral

Communication for Development (C4D) used its media influencers, sports arts for development, community animation cells (CAC), and the U-report platform to implement relevant strategies that allowed to reach different segments of the population, including vulnerable communities, through messages, radio programs delivered by community media, and local leaders and influencers on emergency-related topics, such as COVID-19, nutritional deficiency, and gender-based violence (GBV).

C4D launched messaging campaigns to create awareness, through the dissemination of COVID-19 and vaccine related information. During this reporting period the U-report center responded to the inquiries of more than 12,291,000 people. To date, Kinshasa, Haut Katanga and North Kivu provinces recorded the highest number of registrations to the information center. During the reporting period the registered residents in the 11 new provinces received 123,469 SMS messages notifying them of the arrival of COVID-19 vaccines in their communities and vaccination sites.

Through surveys and data feedback about rumors, the U-Report platform proved crucial in increasing vaccination acceptance. Rumor management and infodemia trainings were held at a central level in three provinces: Kongo Central, Haut Katanga, and Kinshasa. Youth in Kasai Oriental were made aware of themes of social cohesiveness, peace, and conflict resolution through the organization of sports and cultural activities. Religious leaders, civic society, professional businesses, media groups, and women's organizations were among the non-traditional partners used to disseminate COVID-19 vaccination messaging.

Furthermore, sensitization of National Deputies and Senators, Congolese National Police Generals and Senior Officers, and Judiciary and Court employees in support of COVID-19 immunization and vaccination contributed immensely in raising awareness.

During February, UNICEF conducted a second round transfers for the Cash for Nutrition programme in Manono, Tanganyika. A total of 1,431 beneficiaries (834 children) were reached with mobile money transfers. The Cash for Nutrition programme in Manono supports families with children who received treatment for SAM to ensure the households had access to nutritious food and avoid falling back to malnutrition after the treatment. UNICEF also started preparations for additional cohorts that will be assisted in the April transfer cycle.

UNICEF Rapid Response (UniRR)¹

In January and February 2022, a total of 8,324 households (50,510 people including 28,046 children) whose survival was threatened by humanitarian shocks benefitted from emergency packages of NFI and WASH kits through UNICEF rapid response program (UniRR). The assistance was provided to people affected by armed conflicts in Tanganyika (2,267 households), in Ituri (1,655 households) and in North Kivu (4,402 households). Security and logistic access remained a challenge for UniRR teams in North Kivu and Ituri mainly.

During the same period, through the new health and nutrition package, UniRR strengthened the capacities of seven health centres in the provinces of North Kivu and Ituri, providing primary healthcare to 3,515 people (including 788 children under the age of five and 141 pregnant women) and 252 children detected as SAM (69 in the territory of Beni and 183 in the territory of Walikale) received therapeutic food. During their interventions, UniRR teams had identified and referred ten cases of Gender Based Violence.

Cholera Elimination Program

The epidemiological situation (in January and February 2022) in the provinces of South Kivu, North Kivu and Tanganyika was characterized by the decline in the incidence of cholera cases. The fall of the epidemic curve in these provinces came with a significant reduction in cholera-related mortality (overall country lethality rate went from 4.4 per cent for January-February 2021 to 1.3 per cent for the same period in 2022), due to the strengthening of surveillance and 2,351 rapid response activities carried out around the targeted 2,447 cholera cases notified, through which 239,166 persons benefitted from WASH packages (water treatment products and handwashing set distribution, case area disinfection, hygiene promotion, etc.) coupled with sensitization for community engagement as well as case management in 19 operational cholera treatment centres.

¹ Through its Rapid Response Mechanism (UniRR), UNICEF delivers an integrated package of life-saving humanitarian relief in WASH, NFI and Shelter to people whose survival is threatened by humanitarian shocks (preventive or reactive displacements, natural disasters and epidemics). The UniRR is characterized by its high life-saving impact, rapidity, simplicity and local implementation.

During the reporting period, 31 teams carried out 2,501 rapid response interventions of which 98 per cent were responded in less than 48 hours. These interventions were able to cover nearly 89 per cent of suspected cases by setting up sanitary cordons with an average size of 18.6 households around each case. In order to prevent and interrupt cholera transmission, 45,952 households received water treatment products and/or a cholera kit and were also disinfected. Through these interventions, 494,047 people in these households were sensitized and trained to prevent cholera through door-to-door and small group focus techniques. Finally, 162 chlorination points with a minimum duration of 1 month, were carried out in and around these sanitary cordons.

Integrated Analytics Cell (CAI)

During January and February, the Integrated Analytics Cell (CAI) began supporting UNICEF's emergency response to cholera in Tanganyika province through operational research to understand underlying causes of the outbreak, and community dynamics, generating evidence to inform programming. Cholera hotspots were typically near Lake Tanganyika, which people rely on heavily for fishing, as well as water for washing, and daily household tasks. Limited access to clean water or capacity to treat it for drinking, in addition to poor sanitation infrastructure and hygiene practices recognised risk factors for cholera transmission in affected communities. However, most lack access to appropriate alternatives, leaving them without a choice but to expose themselves and their families to the disease. The CAI was working with the cholera response teams to develop actions based on the evidence and issues raised, for improved response effectiveness and to support communities in the control of the present, and prevention of future outbreaks.

This evidence will be integrated with data from other sources on an ongoing basis to provide the most holistic understanding of the context and ensure the most robust and reliable evidence base with which to inform decision making in real time.

Full research results, analyses, and reports may be found on the website, and via the YouTube channel containing videos of presentations of different studies and further explanation of the research methodology.

Humanitarian Leadership, Coordination and Strategy

- UNICEF leads three Clusters (Nutrition, WASH, and Education), the Child protection sub-cluster, and the NFI Working Group at the national and decentralized levels
- UNICEF co-leads NFI/Shelter Working Group, Rapid Response Working Group and the Anti-Fraud Task Force in Goma, North Kivu. UNICEF also co-leads the Monitoring and Reporting Mechanism on grave violations against children in armed conflict (MRM) with the UN Deputy Special Representative to the Secretary-General (DSRSG)
- UNICEF participates in inter-cluster and inter-organizations meetings at the national and decentralized levels and is an active member of the Humanitarian Country Team (HCT)
- UNICEF is also member of the advisory board of the Humanitarian Fund in DRC

Human Interest Stories and External Media

During the reporting period, 50 social media posts highlighted the [humanitarian situation in DRC](#) and UNICEF's response. UNICEF deplored the attacks on a [school](#) and a [camp for displaced people](#) in Ituri province. Several posts were dedicated to the [distribution of emergency items](#) and the establishment of [child-friendly spaces](#) in conflict affected areas. On Red Hand Day, [children who were previously associated with armed groups described the terrible war happening in the east of the Democratic Republic of the Congo](#).

Next SitRep: 20/05/2021

UNICEF DRC SitRep: https://www.unicef.org/appeals/drc_sitreps.html

DRC Ebola and Preparedness Response: <https://www.unicef.org/appeals/ebola-preparedness-response.html>

UNICEF DRC Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/>

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Summary of Programme Results: UNICEF HAC 2022

Sector		Overall needs	UNICEF and IPs		Cluster/Sector Response	
			UNICEF 2022 Target	Total Results	Cluster 2022 Target	Cluster Total Results
Indicator	Disaggregation					
HEALTH		8,900,000				
# of children aged 6 to 59 months vaccinated against measles	6-11 months		21,917	19,104		
	12-59 months		1,073,951	54,618		
# of children and women receiving primary healthcare in UNICEF-supported facilities	Girls		156,754	0		
	Boys		144,696	0		
	Women		213,849	0		
NUTRITION		6,100,000				
# of children aged 6 to 59 months affected by SAM admitted for treatment	Girls		279,992	7,741	339,587	12,211
	Boys		258,455	8,881	313,464	13,597
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Women		448,762	15,631	494,000	0
CHILD PROTECTION		4,200,000				
# of children and caregivers accessing mental health and psychosocial support	Girls		153,000	4,659	223,046	15,799
	Boys		147,000	4,629	214,299	14,926
	Women		51,000	0	74,349	11
	Men		49,000	0	71,433	13
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	Girls		202,500	44		
	Boys		30,000	0		
	Women		67,500	5		
# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	Girls		1,750	31	2,940	59
	Boys		5,250	155	8,817	239
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	Girls		4,165	173	8,965	231
	Boys		4,335	145	8,615	198
# of people with access to safe channels to report sexual exploitation and abuse	Girls		346,200	617		
	Boys		86,550	625		
	Women		115,400	1,327		
	Men		28,850	1,025		
EDUCATION		2,100,000				
# of children accessing formal or non-formal education, including early learning	Girls		200,136	4,925	318,603	6,068
	Boys		184,741	4,040	294,096	5,685
# of children receiving individual learning materials	Girls		120,082	1,500		
	Boys		110,844	1,500		
WATER, SANITATION & HYGIENE		6,600,000				
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	Women		779,270	112,951	1,731,711	112,951
	Men		719,326	104,262	1,598,503	104,262
# of people use safe and appropriate sanitation facilities	Women		311,708	6,084	692,685	6,084
	Men		287,731	561	639,401	561
Rapid Response Mechanism		2,900,000				
# of people whose life-saving non-food items needs were met through supplies or cash distributions within 7 days of needs assessments			720,000	50,510	1,632,911	143,851
# of people whose life-saving WASH supplies (including menstrual hygiene items) needs were met within 7 days of needs assessments			459,000	50,510		
# of people targeted around suspected cholera cases who received an appropriate and complete response within 48 hours of case notification through a responsive epidemiological surveillance system			693,000	239,166		
Cross-sectoral (HCT, C4D, RCCE and AAP)						
# of people reached through messaging on prevention and access to services			10,000,000	1,662,517		
# of people engaged in RCCE actions			500,000	90,750		
# of people with access to established accountability mechanisms			200,000	16,600		
# of households reached with UNICEF-funded humanitarian cash transfers across sectors			35,000	249		

Annex B

Funding Status*

Funding Requirements (as defined in the Humanitarian Appeal 2022)							
Appeal Sector	Requirements	Funds available**			Funding gap		Available in 2022 (\$)
		Funds Received Current Year*	Resources available from 2020		\$	%	
			ORE HAC Carry-Over***	ORR Carry-Over***			
Nutrition	159,094,178	6,920,412	14,762,711	0	137,411,055	86%	525,497
Health	50,789,061	0	4,671,373	0	46,117,688	91%	0
Water, sanitation and hygiene	33,147,686	0	2,766,877	0	30,380,809	92%	0
Child protection, GBViE and PSEA	19,297,558	4,303,216	1,634,085	0	13,360,257	69%	0
Education	40,027,204	0	1,010,304	0	39,016,900	97%	0
Rapid Response Mechanism	33,968,395	9,433,962	34,463,19,422	0	21,088,113	62%	0
Cross-sectoral (HCT, C4D, RCCE and AAP)	16,278,250	762,822	7,605,283	5,569,266	2,340,879	14%	0
Cluster coordination	3,750,000	0	0	0	3,750,000	100%	0
Total	356,352,332	21,420,412	35,896,952	5,569,266	293,465,701	82%	525,497